

NATIONAL DEPARTMENT OF HEALTH
PESTICIDE / CHEMICAL INCIDENT REPORT FORM



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

JANUARY 2011

PESTICIDE / CHEMICAL INCIDENT REPORT FORM



Special Instructions / Information on Usage of Form

1. This tool will replace the old “Epidemiological Investigation: Toxicology form” from the Department of National Health and Population Development. This form is available on the Department of Health’s website at www.doh.gov.za. Starting from April 2011.
2. The purpose of the tool is to ensure that information gathered during an investigation of a pesticide / chemical poisoning is much more comprehensive, integrated and practical so that national statistics are accurate and poisoning prevented through relevant interventions, strategies and actions. Further, it will impact directly on policy and legislative changes.
3. In terms of the Rotterdam Convention, of which South Africa is a signatory, all human health incidents must be reported to the Secretariat of the Convention. In South Africa, the Designated National Authority is the National Department of Environmental Affairs of which the National Department of Health has to report these incidents on a six (6) monthly basis. This new form complies with and is in line with the human health incident report form outlined by the Rotterdam Convention. <http://www.pic.int/> (see forms and instructions).
4. Reporting procedure: Once the form/s are completed, the Municipality must forward it to the Province. Province will then submit it to the NDoH on: Fax: (012) 395 8802
E-mail: LoykiR@health.gov.za / Helmc@health.gov.za
5. All questions must be completed fully, as far as possible, by the Environmental Health Practitioner (EHP).
6. For more information, please contact:
Mr Ramsook Loykisoonaal
Tel: 012 395 8781
Cell: 082 308 2211

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*This form should be completed for each individual exposed in a given incident
Please fill in the blank spaces and tick the appropriate block/s*

I. Patient Information - Demographics

1. Name of Patient:.....
2. Address of Patient: Residential.....
Work (if applicable).....
3. Questionnaire information provided by: patient mother/parent/caregiver farmer/manager
 other (please specify):
4. Contact details of patient/care giver:.....
5. Address where poisoning occurred:
6. Sex: male female
7. Date of Birth (DD/MM/YY)..... or age:.....
If age unknown: child (0-5yrs) child (5-12yrs) adolescent (13-17 yrs) adult (18yrs and up)
8. Race: African Coloured White Asian/Indian
9. Occupation.....
10. Grade/Standard passed (indicate which):
11. Main activity of patient at time of exposure (check one or more of the following):
 home garden application lead paint school/crèche
 application in industry mixing/loading veterinary/pet application
 household application vector control application manufacturing
 selling pesticides/chemicals reused empty container other(please
specify):.....
12. Were other individuals poisoned in the same incident? No Yes
- 12.1 If yes, please supply names and contact details:.....
.....
.....
.....

II. Pesticide / Chemical Involved

13. Name of the active ingredient(s) in the formulation:

14. Trade name and name of manufacturer:.....

15. Type of formulation (*check one of the following*):

- Liquid/Emulsifiable Conc. (EC) Wettable Powder (WP) Dustable powder (DP)
- Water Soluble Powder (SP) Vapour Tablet (TB)/ balls
- Granular (GR) Coil/pads Pellets/bait
- Shampoo Lotion/roll-on

other(please specify):

If not known, describe pesticide/chemical as best as possible (colour, smell, liquid, granules, etc):

.....
.....

16. Relative amount of each active ingredient in the formulation (% concentration, g/l, etc.) (if available):

.....
.....
.....

17. If exposed to more than one pesticide/chemical formulation at the same time, respond to all points below for each formulation:

(i) Was the pesticide/chemical in its original container? No Yes

(ii) Was the label available and legible? No Yes

If yes, was patient able to read and understand health and safety information on label? No Yes

If no, why not: low literacy level cannot read label language was not aware of health & safety information on label

Copy/ies of the label(s) attached: Yes No

18. Application method: (*How was product applied e.g. hand, bucket & brush, soil injection, spray, irrigation, aerial (helicopter, plane, etc)*):.....

.....
.....

19. Describe why the pesticide/chemical was being used :

.....
.....
.....

20. Where was the pesticide/chemical sourced from:
- local store/supermarket farmer's cooperative street vendor/informal market
- from pesticide/chemical store on farm provided by farmer/manager pesticide/agrochemical dealer
- other(please specify):.....

21. Name of supplier of pesticide/chemical:

.....

.....

III. Poisoning Event:

22. Date of poisoning: (DD/MM/YY).....

23. Location of poisoning: farm/village/city/factory/company/work premises:

Other (please specify):

24. Time of poisoning: morning midday afternoon dusk (just before dark) night-time

25. Cause of poisoning: accidental occupational (during work) homicide

suicide domestic use intentional uncertain

other(please specify):.....

26. Describe in detail how the incident occurred:

.....

.....

.....

.....

27. Patient's reaction to pesticide/chemical exposure (tick one or more of the following):

dizziness headache blurred vision excessive sweating

hand tremor convulsion staggering narrow pupils/miosis

excessive salivation nausea/vomiting other symptoms (please specify):

.....

28. Outcome: survived died

29. Route of exposure (check main route or more than one if applicable):

mouth (ingestion) skin(absorption) eyes inhalation

other(please specify):.....

30. Interventions (can tick more than one):
- saw *traditional healer* saw *minister of a religion* went to *private doctor*
- went to *clinic* went to *hospital*
- other (please specify):*.....
- Provide details (name of place, address, date of visit, etc):*.....
-
-
31. Hospitalization: *No* *Yes, but not ICU* *Yes, in ICU* *Unknown*
32. Treatment given: *No* *Yes* *Unknown*
33. Was this person poisoned in the previous year/s by pesticides/chemicals? *No* *Yes*
- If yes, when:*..... *what active ingredient/s:*.....
34. Has the site where the poisoning occurred (farm, home, workplace, etc) in the last year reported any pesticide/chemical poisoning:
- No* *Yes, when*.....

IV. Workplace Poisonings:

35. Occupational setting: *Agriculture* *Pest control operator* *Forestry*
- Transport – road* *Street/informal market vendor* *Distribution/sales*
- Transport –sea* *Gov't/municipal sprayer* *Factory worker*
- Veterinarian* *Industry*
- Other (please specify):*
36. Was personal protective equipment (PPEs) available to worker when poisoning occurred? *No* *Yes*
37. Was personal protective equipment (PPEs) used during application? *No* *Yes*
- If no, please explain why?*.....
- If yes, briefly describe (check one or more of the following):*
- gloves* *overalls* *eye glasses* *respirator*
- dust mask* *boots/shoes* *long-sleeve shirt* *long pants*
- other, (please specify):*.....
38. Has the worker had training on pesticide/chemical health and safety in the last 5 years? *No* *Yes*
39. Application method: (*How was product applied e.g. hand, bucket & brush, soil injection, spray, drip irrigation, aerial (helicopter, plane etc)*):
- Other (please specify)*.....

40. Briefly describe climatic conditions at the time poisoning occurred with respect to:

(a) Raining: *No* *Yes*

(b) Wind: *no wind* *light breeze* *windy*

(c) Humidity: *dry* *humid*

(d) Sun: *rising* *full sun* *setting* *cloudy/overcast*

(e) *Any other factors (please specify):*.....
.....
.....

V. Interventions

41. What interventions did the EHP institute: *Health education* *Training* *Awareness*

Distribution of IEC materials

Other/(please specify):.....
.....

VI. Person Completing Report:

42. Name and address of EHP.....
.....
.....

43. Contact details: Tel:

Cell:.....

Fax:

E-mail:.....

44. Date of investigation:.....

45. Signature of EHP:.....